



## Newsflash #13



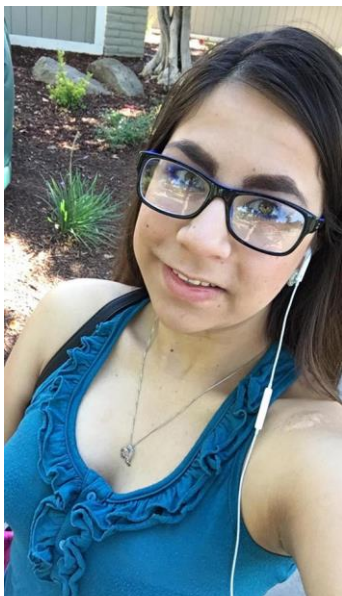
### CCR Messaging

This is the 13<sup>th</sup> edition of the CCR Newsflash brought to you by the Continuum of Care Reform Branch providing up-to-date information about CCR implementation, promising innovations, and learning opportunities. We encourage you to share your best practices in implementing the CCR and welcome your suggestions and questions. Please send your contributions via email to the CCR inbox at [ccr@dss.ca.gov](mailto:ccr@dss.ca.gov).

Please help us ensure that this information is passed on to stakeholders at the local level by widely forwarding this communication to staff, colleagues, care providers, social workers, probation officers, youth and any other interested stakeholders. Consider providing a copy of the newsletter at any meetings that include child welfare stakeholders. In addition, if you were forwarded this newsletter, you may have your name added to the distribution list by emailing the CCR inbox.

#### Inside

Messaging/Youth Profile	1
CCR Agent for Change	2
Thoughts on CCR	3
Youth Engagement in CCR	4
Workgroups & Updates	5
FAQs, ACINs, ACLS	6
Parent Partners	7
QPI	8/9/10
UC Davis Trainings	11
Neuroscience Training	12
San Mateo County FFA	13/14
CPOC/WRAP Events	15
CCR Updates Continued	15
Care Coordination	16
LOC	17
Integrated Services	17
CCR Communication Tools	18
CCR Updates continued	18



**Sabrina Abong**

California Youth Connection, Merced Chapter

"Something within CCR that I think will help foster youth is having more foster homes open and no more "military like" group homes for youth in California. Another thing within CCR that I think will help foster youth in California is addressing the needs of youth in Child Family Team meetings. Something that could have helped me while I was in foster care is having a Child Family Team meeting where the social workers and my foster (resource) families could have addressed my needs with me. Instead, I never had a meeting and my foster parents and social workers couldn't assist me or help me find the resources to make my life better while in foster care."

# CCR Agent for Change



## Dr. Ken Epstein

Dr. Ken Epstein is the Children's System of Care Director for San Francisco County Behavioral Health Services. He leads the vision and implementation of the Trauma Informed Systems Initiative and serves as the Principal Investigator for Trauma Transformed a regional SAMHSA grant. Prior to his appointment to this position he has worked within family and youth service programs since 1981 as a line worker, clinician, program director, professor and chief executive officer. Dr. Epstein is a Licensed Clinical Social Worker with a Ph.D. in clinical social work from Smith College and an MSW from UC Berkeley.

*Ken definitely exemplifies the phrase "agent of change". He is an inspiring leader who has embraced CCR and led efforts within his own discipline across the Bay area, as well as in San Francisco, to ensure that it is an integrated implementation amongst behavioral health, child welfare, probation and the school district. Ken's leadership and willingness to always put our children first shifts the conversation from "can't and won't" to "how can we work together to make this happen". Ken's ability to engage staff at all levels assists all of us in San Francisco in messaging the importance of this CCR change, and assists staff to better understand the critical need to get it right because the children we serve cannot afford for us to get it wrong.*

*...Sylvia Deporto, Deputy Director,*

*San Francisco County Human Service Agency, Family & Children's Services*

*The Continuum of Care Reform Act requires a keen awareness of the important roles behavioral health assessment and treatment play in making certain youths are provided with every opportunity for successful outcomes. Dr. Ken Epstein is an excellent collaborative partner who thinks globally and acts strategically to engage all partners to achieve an effective system of care that is proactive, trauma-informed, and family-focused.*

*...Allen Nance, Chief Probation Officer,*

*City and County of San Francisco Juvenile Probation Department*

*Ken is deeply committed to partnering with the school district to support our most at-risk and vulnerable students and their families. Ken is also one of those city partners that when you need to reach out at a moment's notice for support, he will not only respond immediately, but help in every way he and his office can. Any discussion of Ken would be entirely incomplete without mentioning his passion, compassion, heart and sense of humanity.*

*...Kevin Truitt, Chief of Student, Family & Community Support Division,*

*San Francisco Unified School District*

## *...Thoughts on CCR* from Dr. Ken Epstein

*"If a factory is torn down but the rationality which produced it is left standing, then that rationality will simply produce another factory. If a revolution destroys a government, but the systemic patterns of thought that produced that government are left intact, than those patterns will repeat themselves.... There's so much talk about the system. And so little understanding." Pirsig, (1975)*

In the last four decades, I have witnessed dramatic changes in the field of practice, including innovations, new technologies, progressive policies and a deeper understanding of the mechanisms of human relationships. For example, the advent of community-based practices has been associated with a radical reduction in: psychiatric institutionalization, long-term placement in group homes for abused and neglected children and youth; and incarceration of juvenile offenders. These changes are associated with a more robust effort to serve people within the context of their community, culture and families and to promote practices and policies that are strength and equity-based, resiliency-focused, and patient and family-centered. However, not all communities have enjoyed positive outcomes. We continue to struggle with intractable problems, including disparities in quality of health care, access to services and the availability of culturally reflective services. While our foster care and juvenile detention rates have decreased dramatically, the system is still overwhelmingly populated by children of color. Outcomes for the youth placed in our system continue to be poor. Underlying this disparity are generational and geographic social determinants such as traumatic experiences, food insecurity, racism, discrimination, housing instability, income inequality, community violence, low education and poor access to quality health care. Complex problems do not lend themselves to simple or packaged solutions.

Continuum of Care Reform (CCR) is a great opportunity to create lasting and generational change for foster care and juvenile probation youth and families. However, it is neither our first nor our last attempt to legislate change. With the advent of System of Care in California in 1987, and then expanded in the 90's we have adopted a set of principles to work together as a public, nonprofit youth and family partners to transform the system. At the core of this change was the recognition that youth and family must have 'voice and choice'. Today through funding changes, policy shifts and lawsuits we are faced with the same question. Will we truly incorporate families and youth into all aspects of our care system or will we bureaucratize the process into a compliance activity delivered without authenticity, equity and connection? As we rightfully rely more on healing as opposed to placing and collaborating as opposed to directing, we are faced with some very difficult challenges that are not new.

For CCR to catalyze change it will not be fixed by new legislation, lawsuits, audits or state mandates. Engaging families and youth is by the very nature messy, somehow we will need to overcome our need for efficiency and embrace our role as helping to heal deep and gnarly wounds. This can only involve inclusive tables, listening to the voices of our youth and families and building and delivering on care plans that are designed and defined by families and youth. It is also essential to ensure that the systems are prepared to overcome different funding mechanisms, eligibility criteria and historical divisions to insure fidelity to the CFT plan.

CCR can be an opportunity to make lasting change; we must not disappoint our youth and families again. It is not an easy task. I believe we must commit ourselves to fostering healing organizations committed to combating fragmentation, numbing and reactivity in the workforce. This includes intentional leadership focused on supporting the conditions that promote effective child and family teams, flexible funding and collaborative solutions. We have to resist the temptation to continuously import manualized practices tested somewhere else and focus on deepening the practices we already have invested in. Healing relationships are the secret sauce to change and our line workforce needs reflective supervision to help foster their efficacy.

# Youth Engagement in CCR

...Lauren Mendez, CYC Stanislaus Chapter & Stanislaus YEP Ambassador

With CCR implementing Resource Family Approval (RFA), eliminating group homes, and creating STRTPs (Short Term Residential Therapeutic Programs), the need for resource families has been huge. I have been lucky enough as a CYC advocate and Youth Engagement Project (YEP) ambassador to help implement this new process. CYC has Youth Engagement in CCR on both the statewide level and local level. As a part of YEP, my local project is RFA Orientations, but of course I wanted the families to hear from more youth other than myself and my YEP partner. I thought what a great way to have Youth Engagement by bringing on some youth from my CYC chapter. The Stanislaus chapter members collaborate with the YEP ambassadors of Stanislaus and participate on a panel to recruit resource families for teenagers. We started off speaking at the RFA Orientations giving the prospective Resource Families a glimpse of what us as foster youth go through, the upsides to being a resource parent to a teen and how to best help support them. Now we are involved at the trainings that these Resource Families need to attend for certification. Having CYC youth on this panel, such as me and other chapter members, gives this project exactly what it needs: a huge pool of youth engagement. I have seen this collaboration between YEP and CYC work so wonderfully through this process. Having Youth Engagement in CCR on a statewide level is so very important. What better way for CDSS to make the right changes in the system than to hear from youth it will affect and the youth who have seen a need for change? It is even more important on the local level because youth are being able to use their voice in the counties where they reside. With this collaboration CYC has been able to speak to the families themselves who will be taking in these youth who need homes. After reading all of the surveys from this the families seem to be able to resonate with the youth and we are able to pull at some heartstrings.



## CCR TOOLS FOR YOUTH:

Tools are available on the CalSWEC website to assist stakeholders with messaging to youth.

<http://calswec.berkeley.edu/toolkits/continuum-care-reform-ccr>

## Permanency IS Possible!

(The last edition of the CCR Newsletter included an article about a youth who was reunited with his mother after 12 years because of the family finding efforts of Hathaway-Sycamore. The youth wanted to share his words of excitement about his new life. His name is not included because of confidentiality). "Hey, I am a youth at Hathaway Sycamores Child and Family Services. I was sent here for two reasons. The first was because I was getting caught up with smoking and selling weed. The second reason was because I violated my probation. But thanks to this program, they helped me get off probation with their support and with them helping me set goals. When I first came to Hathaway Sycamores I set a goal to get back to my real mom in Florida. That same month when I came, a lady came and talked to me (Parent Partner). She asked me what I wanted to do after I leave this placement. I told her about my mom and told her that I would like to get my life straight. She understood and a week later I got a call from my real mom. Everything happened so fast. They were really trying to get the help and support I needed. After not seeing my mom for over 12 years, it was like a dream come true. I was really grateful that Hathaway helped me find my mom. Thank you!"

# The Key to Collaboration: CCR Workgroups

Committed stakeholders from across California join state staff to develop the essential elements of CCR.

Here are the highlights of our work:

## **Continuum of Care Reform (CCR) State/County Implementation Team**

The CCR State/County Team meets monthly to collaboratively discuss solutions to emerging challenges and barriers related to the implementation of CCR. Examples of follow up actions may include the development of tools, changes to legislation, or development of technical assistance opportunities. The next meeting is scheduled for October 19, 2017. Attendance is by invitation only. Past meeting agendas and minutes can be found on the website at [Continuum of Care Reform](#).

## **CCR Stakeholder Implementation Advisory Committee**

The next quarterly meeting of the CCR Stakeholder Implementation Advisory Committee will be held on November 29, 2017, from 10:00 a.m. - 3:00 p.m. All stakeholders are welcome to attend these meetings in person or via a webinar. Participants can expect:

- Updates regarding CCR implementation
- Educational/informational sessions
- Networking possibilities
- Opportunities to provide CCR recommendations on policy, best practices.

## **Resource Family Approval (RFA)**

- Annual reviews for early implementing counties have been completed.
- The current annual review tool is being revised and will be shared with counties for feedback later this year for use in 2018.
- The RFA forms continue to be finalized and are available on: <http://www.cdss.ca.gov/inforesources/Forms-Brochures/Forms-Alphabetic-List/Q-T>. Draft forms are still located on the RFA webpage.
- The Out-of-County Approval protocol is posted on the RFA webpage. An ACIN regarding the protocol and its usage is in development and scheduled to be released at the end of October.
- The Out of County Referral form has been posted on the CDSS RFA webpage under “Out of County Protocol”. This form is to be used when making a referral to a host county for RFA approval of a relative or NREFM.
- The CDSS continues to host a monthly RFA technical assistance call on the first Wednesday of the month from 1:30 – 2:30 p.m. The meeting notes from these calls can be found on the CDSS RFA webpage under RFA Resources.
- Training on Due Process and the Background Assessment Guide (BAG) has completed. There will be additional trainings in the future with dates to be determined.
- If your RFA Point of Contact for CDSS has changed, please notify [rfa@dss.ca.gov](mailto:rfa@dss.ca.gov) to ensure your county continues to receive important RFA related information. For additional information or questions, please contact [rfa@dss.ca.gov](mailto:rfa@dss.ca.gov).

## **Program Statement reviews for STRTPs and FFAs**

The CCR Policy Unit is working closely with Community Care Licensing Division (CCL), Regional Offices and Providers regarding the Program Statement review process for both FFAs and STRTPs. Currently, the majority of the updated FFA program statements have been submitted and have been reviewed by CCR and CCL staff. A list of FFAs with an approved RFA Implementation Plan is located on the CCR FFA website.

**Continued on page 14 and back page.**



# CCR Frequently Asked Questions (FAQs)

**Q:** If a relative or NREFM caregiver who was approved under the former relative approval standards becomes a legal guardian and seeks to close the case under Kin-Gap prior to 12/31/19, do they need to convert to resource family approval status?

**A:** If an approved relative or NREFM caregiver becomes the legal guardian of the child/youth and the juvenile court terminates jurisdiction prior to December 31, 2019, the relative will not be required to convert to a resource family for the purpose of receiving Kin-GAP, if all other eligibility requirements have been met. If they plan to continue to care for other children involved in the juvenile court system they will need to convert to Resource Family Approval status.

**Q:** Can you please explain the recent Resource Family Approval (RFA) modification for two-parent families when one parent's work schedule makes completion of the RFA requirements difficult?

**A:** Each prospective resource parent applicant is required to complete all of the approval requirements outlined in the RFA Written Directives. The Written Directives do not require both parents to apply to be a Resource Family, though this would most often be the preferred method since both parents are caring for children placed in their home in most situations. However, if only one parent applies to be a Resource Family, the other parent would be treated as another adult in the home and would follow the requirements related to adults residing in the home. During the psychosocial assessment, it should be thoroughly assessed to see if the one parent being approved would be appropriate. The RFA worker should also explain to both parents the potential impacts and limitations to only one person being approved, especially as it relates to permanency.

## ACINs/ACLs

The CDSS has recently released the following All County Letters (ACLs) and All County Information Notice (ACIN). To view all letters and notices follow the link to: [CDSS Letters and Notices](#).

[ACL 17-67 \(7/5/17\)](#) Clarification on the "Supplement to the Rate Questionnaire", SOC 837 Form, for Dual Agency Aid to Families with Dependent Children-Foster Care (AFDC-FC), Adoption Assistance Program (AAP), and Kinship Guardianship Assistance Payment (Kin-Gap) Children.

# CCR from a Parent Partner Perspective



Hello, I am the first Parent Partner in Merced County. Let me begin by telling you a little about myself and how I got here. On June 21, 2013, my children were detained due to my drug addiction. At the time I had two children, my son (10), my daughter (1) and I was 7 months pregnant with my third. Immediately, I got into services by moving into a sober living home and enrolling in a number of classes including drug classes, life skills, parenting, domestic violence, etc. Meanwhile my son was having a hard time in the foster home he was in. He had already been through the mud of my drug addiction and domestic violence relationships. When I got my children back December 13, 2013, we had a long road ahead.

When my children were detained was the absolutely most difficult time of my life. I felt so alone and was alone. It is an honor and privilege that I get to share my experience with other parents and assist them in their journey on a daily basis at work. With CCR there's a sense of relief knowing that foster families are not only becoming resources for our youth, but also becoming trauma informed. There are so many children like my own who have been trauma exposed and hurting, and now they are getting help so much sooner! Not to mention, parents are getting the opportunity to advocate for themselves and their children by participating in the decision making process determining which services will benefit them the most, through Child and Family Team meetings. CCR is like a breath of fresh air, it brings some long overdue changes that will positively impact the families and children we serve!



## **Fostering Resiliency for Teens in Foster Care: Quality Parenting is Key** by Lucy Salcido Carter, Quality Parenting Initiative, Youth Law Center

“I’m a product of my experiences but for the most part I’m a product of having a good foster parent who was very supportive of me and gave me those characteristics to thrive. When I came into Jeannette Brown’s home, she saw us as not broken but as kids that she could transform and see our full potential. She really was just so supportive. I don’t know if I would be the person I am today without her. I came from getting really bad grades to being the first person in my family to go to college. I attend UC Berkeley as a molecular cell and biology major also with a double major in African American studies. I’m trying to be a pediatric doctor and also do some cell imaging research. It turned out that I did have a lot of talent. I wouldn’t have known it if she didn’t bring it out of me. I wouldn’t have played alto-saxophone, I wouldn’t have learned to play the drums, I wouldn’t have learned how to draw, I wouldn’t have been that person, that artistic person who has a crazy knowledge for science. She’s supportive of me. She believes that I can do it. And she never stopped doing that.” – Quijai (Jay) Johnson, former foster youth and California Youth Connection member (at the 2017 CA QPI Conference)



*The Quality Parenting Initiative (QPI) recognizes the importance of supporting resource parents who are caring for teens and in grounding quality parenting in what the developmental research and what the youth are telling us works.*

*Photo: California Youth Connection members (former foster youth) at the 2017 CA QPI*

The 2017 California QPI conference was devoted to supporting quality parenting for teens in foster care and featured presentations by medical professionals specializing in adolescent development, words of wisdom from former foster youth about quality parenting of teens, and conversations about practice and policy improvements to better support parents of teens. Kaiser Permanente Northern California co-sponsored the conference and provided developmental experts to share their knowledge about and experience with adolescents.

The research presentations highlighted these key points:

- Each teen is an individual: there is wide variety in the growth and development of teens.



## QPI Continued

- Attachment to loving adults remains important in adolescence and is a key protective factor.
- The single most important factor for youth resiliency is whether important adults believe in the youth, love them unconditionally, and hold them to high expectations.
- Teens are accomplishing a series of important developmental tasks in each stage of adolescence and may move back and forth between stages, at times needing more parental input and involvement and at other times needing parenting that allows for greater independence and freedom.
- The part of the prefrontal lobe of the brain that is linked to the ability to inhibit impulses and weigh consequences is not fully developed until the mid- to late-20s.
- To support resiliency in teens, we should build up their “Cs”: **C**ompetence in academic social and vocational areas; **C**onfidence and positive self-identity; **C**onnections to family, peers and **C**ommunity; **C**haracter (values and integrity); and **C**aring and **C**ompassion.

A dynamic panel of four former foster youth from the California Youth Connection also shared their thinking about what quality parenting of teens looks like and gave examples of how the parenting they received has had profound effects on their lives then and now.

Panelist Quijai (Jay) Johnson said that her resource mom saw Jay and the other youth in her home not as “broken kids” but as “full of potential.” That resource mom took the initiative to go beyond what was expected of her. She showed up at Jay’s awards ceremonies; she kept every single award Jay received and all of Jay’s progress reports. She helped Jay track her trajectory from a student who struggled in school and had few outside interests to a student who excelled in school, in sports, and in music. She had faith in Jay’s talents.

Panelist Jordan Sosa noted that in his last foster placement he had felt loved by his foster parents, and that love had made a big difference to him. In particular, he highlighted the importance of his foster father, prompting a discussion about the importance of fathers in foster care. In his comments, Jordan described being at his middle school graduation, seeing other children with their parents there, realizing his birth parents could not be there, and then being surprised and pleased when his foster parents showed up to cheer him on. It made a big impression on Jordan that they had taken the time and made the effort to come support him, even though he had been “cold and hard with them” sometimes because of his own struggles. Their actions told him, “You are worth it. We are here for you.”

Panelist Katrina Quiroz described experiencing quality parenting as a teen when her resource family welcomed and accepted her into the family, introduced her to other families as their daughter (not their foster daughter), and brought her on family trips. When Katrina was having a bad day, she knew she could go to her resource mom and say, “I’m having a bad day. Can I talk about it?” And her resource mom would listen to her. The panelists listed love, empathy, and patience as key ingredients of quality

## QPI Continued

parenting of teens and described the power of these key ingredients to influence the lives of teens in foster care.

“The most dangerous thing you can do for your foster child is put them in a setting that they feel unloved because that opens the door for many things to happen wrong. Because if you don’t feel any self-worth, then nothing else will matter and what would it matter if you get good grades, what would it matter if you become a productive member of society, if no one is there acknowledging you.” - Jordan Sosa

“When we talk about love and empathy, simple things like hanging the art work on the refrigerator or hanging portraits, that is an expression of love and care and empathy and that inclusivity that I was craving at that time in my life, where it was a validation that we are a family unit and we are together.” - Vanessa Hernandez

“Being genuine, seeing the youth not just as a foster youth. They are living in your home. You are taking care of them. See them as your own child. Raise them as if that was your own child. Love them as if that is your own child. Because that’s all we really need. We need to know somebody loves us, and someone is going to be there for us whether they are the biological parent or not.” - Katrina Quiroz

“Patience is everything. I want to say that, because it gets hard. We come with different experiences and we have different attitudes that may come across as negative or may affect your attitude towards us but when you have patience, you have control over how you react to it. Because teenagers are sensitive, and you can decide to react in a negative way but that’s just going to continuously impact their behavior and their communication skills. So if you take that step to be really patient and hold that burden on yourself, it take the toll off these kids who are still developing.” - Quijai (Jay) Johnson. Jay also pointed out that an important way to support a teen in foster care is to support the adults in that teen’s life so that they can better support the teen.

Other conversations and workshops at the CA QPI conference explored ways to do just that! Ideas included: facilitating birth parent/foster parent partnerships to parent teens,



supporting families and youth through mentorship programs, reducing barriers to normalcy for youth and families, aligning practice and policy with adolescent development research, and engaging probation and the courts in QPI work.

QPI’s work with counties state started off grounded in the voices of current and former foster youth and in the developmental research; and this grounding remains key to our continued efforts to change practices and policies to ensure that every teenager in foster care receives the most powerful intervention - loving parenting.

To view the video recordings of presentations and panels at the 2017 CA QPI conference, please go to: <http://www.qpicalifornia.org/pages/qpiVideo.shtml>.

## Upcoming Trainings

### **Probation Placement Supervisors: The Way Things Work and Why**

#### Course Description

Frontline supervisors in juvenile probation play a critical role in realizing the vision of their agencies. Today, no role is more important than that of the juvenile placement supervisor. The placement supervisor must ensure that probation officers meet federal and state requirements for case supervision, and are working toward reaching positive outcomes in the areas of safety, well-being and permanency for youth and their families. The supervisor sets expectations based on best practice research, and supports staff in meeting the often daunting challenges of today's placement officer.

**Sacramento**, October 3-5, 2017

**Los Angeles**, January 23-25, 2018

### **Connecting Probation Youth with Families and Others**

#### Course Description

Youth at risk of or in placement have often been disconnected from a caring family. Family members and relatives may not even be aware the youth is pending or been removed from their family. It is time to remove the systematic barriers that block these youth, from maintaining or re-establishing contact and relationships with those who love them. This class uses a framework that can help us rethink the possibilities to improve safety, well-being and permanency outcomes for our most vulnerable youth. As a result of this training, participants will be able to conduct the steps to family searches, have the initial foundation on how to engage families to increase successes with family finding and engagement

October 26, 2017, 8:30 a.m. -3:30 p.m. - Sacramento;

January 16, 2018, 8:30 a.m. -3:30 p.m.-Anaheim

### **Juvenile Probation Placement Officer Course**

#### Course Description

Juvenile probation officers who provide supervision and services for youth in out-of-home placement must ensure the safety of both the community and the ward, as they work toward the safe return of the youth to family and community. This nine-day training is designed for probation officers and supervisors who are new to placement units, or want to refresh or enhance their knowledge and skills.

#### Dates and Locations:

Location: **Sacramento**

October 10-12, 2017; November 7-9, 2017; December 12-14, 2017

Location: **Bay Area**

January 9-11, 2018; February 13-15, 2018; March 13-15, 2018

Location: **Anaheim**

February 27 - March 1, 2018; March 27-29, 2018; April 25-27, 2017

Location: **Sacramento**

April 2-4, 2018; May 1-3, 2018; June 5-7, 2018

**Tuesday,  
November 7, 2017**  
8:00am to 4:00pm

**A Strategies Center Event**

# MOVING TOWARD NEUROSCIENCE-BASED SOCIAL WORK



**Register Today - Limited Seats Available!**

[www.strategiescentercalifornia.org/laconference](http://www.strategiescentercalifornia.org/laconference)

The revolution in brain science has important implications for our understanding of human behavior in the context of social and human services. Learn more about the relationship of neuroscience research to practical strategies that improve child and family outcomes.

This year's conference brings together prominent experts from across the United States to highlight the importance and effectiveness of integrating neuroscience into social and human services. Attendees will achieve increased understanding about why and how neuroscience should be a critical component to the core of social work practice, including practical strategies to improve interactions with children and families.

## Continuing Education

**Fee:** The fee for continuing education certification is \$35. The certification fee will be fully refunded upon request if credit is not awarded. Continuing education certificates will be emailed no more than two weeks after the training event. Candidates for continuing education certification must document their time at the event by signing in and out for the event.

**Therapists, Social Workers, and Counselors:** The Strategies Center at Youth for Change is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for MFTs, LCSWs, and LPCCs. The Strategies Center at Youth for Change maintains responsibility for this program/course and its content. This course meets the qualifications for 6.5 hours of continuing education credit for LMFTs, LCSWs, LPCCs, and/or LEPs as required by the California Board of Behavioral Sciences.

**Nurses:** Youth for Change will provide 6.5 continuing education (CE) contact hours for nurses. Provider (Youth for Change) approved by the California Board of Registered Nursing, Provider # 16075.

There are no activities (other than lunch and breaks) within the course that are not offered for continuing education credit.

**Grievances:** Any grievances should be addressed with Strategies Center staff persons onsite at the event. Alternatively, grievances may be addressed to Kathleen Shenk, Director of The Strategies Center, by calling (530) 872-3896 extension 1 or by email at [kshenk@youth4change.org](mailto:kshenk@youth4change.org).



The conference is sponsored by:



**Sponsorship Opportunities Available!**  
Please contact Daniel Molina at  
[dmolina@youth4change.org](mailto:dmolina@youth4change.org) or (818) 732-5810.

**View the back of flyer for agenda,  
speakers, and fee information!**



**Skirball Cultural Center**  
2701 North Sepulveda Boulevard, Los Angeles, California 90049

# COUNTY OF SAN MATEO HUMAN SERVICES AGENCY

## **SAN MATEO COUNTY RESOURCE FAMILY AGENCY AND PLACEMENT STABILITY**

Natasha Bourbonnais, LCSW, Human Services Manager  
Michele Tom, LCSW, Supervising Mental Health Clinician

A wealth of research indicates that youth involved in the child welfare system who experience minimal placement changes and sustained placement stability are more likely to develop healthy secure relationships, experience fewer school changes, less trauma and distress, less mental health and behavioral problems, and increased probabilities for academic achievement. The San Mateo County Foster Family Agency (SMC FFA) was established in 1992 to develop and maintain strong healthy resource families in which children can heal and grow in a nurturing home-based environment. The SMC FFA's primary purpose is to maintain children entering foster care, who are exhibiting high-need trauma-related behaviors, in the least restrictive and most "normal" family setting possible; to prevent unnecessary higher levels of placement; to return children to their community and to offer a lower level of placement after necessary institutional settings. SMC FFA services are intended to avoid placement in a congregate care setting by assisting the child in addressing his/her behaviors in a family-like setting while providing the resource parent with an understanding of the child's behaviors from a trauma-informed perspective along with the tools to effectively respond to those behaviors. The SMC FFA accomplishes this by focusing on strengthening its therapeutic services and constantly striving to build consistent relationships with youth and families.

The SMC FFA is staffed by a multidisciplinary team consisting of a social worker, a licensed or license-eligible clinical social worker/mental health coordinator, and an in-home support services counselor. Last year, in order to enhance the clinical component of the program, a supervising mental health clinician was brought on board to provide clinical supervision over the program. Evidence-based and promising practices that can support children's placement stability are regularly explored in order to enhance the SMC FFA program's service delivery.

Children are found to be at greatest risk for experiencing placement instability during the initial phase of entry. At this critical phase, youth ages 12-17 years are assessed for high risk behaviors and symptoms of Posttraumatic Stress Disorder using the Los Angeles Symptoms Checklist. The information from the assessment is used to identify the most supportive placement and to provide recommendations to the resource family on how to best support the child while in placement. Transition planning and service referrals are initiated and discussed amongst the child and family team (CFT) as soon as a child is accepted into the SMC FFA program.



## **SAN MATEO COUNTY RESOURCE FAMILY AGENCY AND PLACEMENT STABILITY** continued

In order to continually enhance the SMC FFA team's assessments, intervention skills, and professional development, staff members receive weekly individual and group clinical supervision and are also offered various continuing education opportunities. The SMC FFA team receives training, such as the Positive Parenting Program (Triple P), an evidence-based parenting program that provides parents/caregivers with simple and practical strategies to confidently manage their children's behaviors and to support strong, healthy relationships. The staff members also recently received training on the Neurosequential Model of Therapeutics Six Core Strengths, an approach used to understand clients and to identify appropriate therapeutic interventions from a neurodevelopmental perspective. There is also training and support focusing on the effects of trauma on children and best practices on how to manage the youth's behaviors in the least restrictive setting.

Building consistent relationships with the youth and resource families is another integral component of the SMC FFA program's ability to enhance placement stability. As a county-run program, one way to achieve this consistency is by having SMC FFA social worker also be assigned as the child welfare social worker. This staffing strategy minimizes the number of workers a child and resource family has to interact with and keeps the lines of communication between all involved parties accurate, timely, and consistent. Consistency is also achieved through the SMC FFA's intensive home visiting schedule. Children in the program receive in-person contact with an SMC FFA team member at a minimum of six times per month. SMC FFA staff meets with the children, both in and out of the home, and with resource parents to check in on what is going well, areas of concern, and any needs. SMC FFA team members respond to and provide 24/7 crisis support to the children and resource parents. Collaborating with the child and family team and providing our resource families with placement specific services, such as respite care, transportation services, and resource family counseling have also been effective components to maintaining placement stability.

Although the SMC FFA continues to work towards enhancing its program and service delivery, there have been many positive outcomes for children who have received our county's FFA services. The most positive outcome has been stabilized placements for children who have often experienced multiple placement changes prior to joining this program. For example, the children/youth who were placed within the SMC FFA experienced, on average, five years of placement stability before leaving the program; whereas the same youth experienced an average of three to four placement changes, each placement lasting for about a year or less, prior to their SMC FFA placements. The stabilized placements have then resulted in adoptions, lifelong connections, high school graduations, and pursuits for higher learning.



**A Decade of Progress:**  
*Probation's Success with Juvenile Realignment*

**October 19-20, 2017**

Sheraton Grand ♦ Sacramento, California

The Chief Probation Officers of California (CPOC) Foundation is excited to invite you to our juvenile justice conference **A Decade of Progress: Probation's Success with Juvenile Realignment** on October 19th and 20th in downtown Sacramento at the Sheraton Grand Hotel. We hope you can join us for a 10-year retrospective on California's implementation of Juvenile Justice Realignment that began with the passage of Senate Bill 81 in 2007. This legislation shifted the responsibility for the majority of youth in the juvenile justice system from the state to county probation departments. The conference will highlight probation's work with our state and community partners to successfully implement this historic policy shift as well as examine the needs of the juvenile justice system over the next ten years.

Conference Schedule:

October 19, 2017: 9:00 am - 5:00 pm

October 20, 2017: 8:30 am - 3:00 pm

Conference Location:

Sheraton Grand Sacramento - Grand Nave Ballroom  
 1230 J Street  
 Sacramento, CA 95814

Registration Link: <http://www.cvent.com/d/w5qtkl>

**Total Due:** \$150.00

- STC Tuition: \$137.50

- Registration Fee: \$12.50

**FOR ADDITIONAL INFORMATION:** Please contact Liz Rodriguez, Training and Member Services Coordinator at 916-447-2762 or email [Liz@cpoc.org](mailto:Liz@cpoc.org)

**Join us for the 20 Year Anniversary Celebration of California Wraparound**

**Date:** October 10, 2017 **Time:** 10 a.m. to 1 p.m.  
**CDSS Headquarters, 744 P St., Sacramento, CA 95814**

Wraparound is a strengths-based process that partners with youth, families, and community to achieve positive goals that allow children to live and grow in a safe, stable environment.

**Free community event includes a youth and family panel, guest speakers, art activities, photo booth, art displays, and representatives from partner agencies. Light refreshments will be served.**

**Contact** [CWSCoordination@dss.ca.gov](mailto:CWSCoordination@dss.ca.gov) for more information.

**CDSS**  
 CALIFORNIA  
 DEPARTMENT OF  
 SOCIAL SERVICES

## Updates Continued

### Performance and Transparency

The Performance and Transparency Unit is working on several projects aimed at measuring the success of CCR implementation. The evaluation for the implementation of the TOP and CANS assessment tools has been completed. In the coming weeks, we will be reaching out to other stakeholders (advocates, providers and youth organizations) to share the results of the evaluation. The Provider Performance Workgroup is currently developing a set of provider performance measures. The technical workgroup will be meeting in early October to finalize and will report back to the executive committee. Attendance at the Provider Performance Workgroup is by invitation only. The next meeting of the CCR Youth Satisfaction Survey Workgroup is scheduled for November. Please direct questions to [CCRPerformance@dss.ca.gov](mailto:CCRPerformance@dss.ca.gov)

### Psychotropic Medications Oversight (SB 484)

The first annual Psychotropic Medication Usage in Group Home Facilities 2016-2017 [Statewide Summary Report](#) has been published with summarized findings from inspections of specified Group Home facilities' psychotropic medication usage, as required by Health and Safety Code section 1536(f). The report can be found at: <http://www.cdss.ca.gov/inforesources/Foster-Care/Quality-Improvement-Project> under the Psychotropic Medication Implementation heading. Provider Information Notice (PIN) [17-10-CRP](#) that provides information about the report has also been published and at <http://www.cdss.ca.gov/inforesources/Community-Care-Licensing/Policy/Provider-Information-Notices/Childrens-Residential>. Any questions or for further information, please contact Marisa Sanchez, CCL Policy Manager, at (916) 651-5380.

**Additional updates on back page**



## Care Coordination in the Era of Foster Care Reform

*Richard Knecht, CDSS Transformation Manager*

Contained within CCR, Katie A. and related improvement efforts, is an increasing dependence and emphasis on the role of what most healthcare sectors would refer to as **Care Coordination** activities. Care coordination is also closely related to the "Transitioning" domain within our shared Core Practice Model. We see this appropriate emphasis in the expanded role of Child and Family Teaming, the increased delivery of Intensive Care and In Home Behavioral Services, and in passage and implementation of AB 1299 - the presumptive transfer requirements.

While our current reform efforts create new emphasis on care coordination and smooth transitions - as social workers, clinicians and case managers, we should remember that we've always had an obligation to assure effective and seamless referral and care transitions. Universal professional standards have always required us to coordinate care for those we serve. Those standards clearly suggest that until a youth and family are effectively and clearly engaged with their new provider, the current professional has an ethical and in some cases, a legal obligation, to maintain responsibility for the patient's care. Practically speaking, this might suggest that simply making an electronic or telephonic referral to a "Host County MHP" for instance isn't satisfactory. Neither would be sending a court report to the youth's new FFA, and hoping that the FFA Social Worker will immediately and fully assume responsibility for the youth's care coordination. More succinctly, "Handing Off" care is qualitatively different than transitioning care.

What is Care Coordination? The Joint Commission, publishers of the most widely practiced standards in healthcare, has defined a "transition of care" as the movement of a patient from one health care provider or setting to another. They note and emphasize that developing ways to assure safe transitions of care nearly always involves eight elements or practices:

1. Strong leadership support for transition processes
- \*2. Positive relationships between the sending and receiving providers
- \*3. Interdisciplinary team involvement
- \*4. Handoffs that involve interpersonal communication (instead of only written or electronic communication)
5. Medication reconciliation, with the involvement of pharmacists
- \*6. Two-way patient and family education - teaching the patient and family about their role and responsibility in managing a condition while gaining an understanding of psychosocial issues affecting the patient and family
7. Electronic health records (EHRs), as long as they were not relied upon as a sole method of communication.
8. Assigned accountability for transitions - related tasks and outcomes

Note items \*2, 3, 4 and 6 in this list, which seem to clearly support the authentic Child and Family Teaming and Presumptive Transfer expectations. While we often look for technical solutions to make transitions clear, nothing can replace the professional and interpersonal behaviors implied by the above cited standard of care. Our current reform efforts invite us to move beyond the rhetoric of System Improvement efforts, and in a personal and professional way, to "close the loop" in our practices - taking additional care to verify with both new service providers and parents and caregivers, that a satisfactory transition has been completed.

## Level of Care Rate Protocol (LOC)

The CDSS in collaboration with the UC Davis Resource Center for Family-Focused Practice and the LOC Small County Workgroup has just completed a Statewide Regional LOC Trainings for Trainers (T4T). The Regional T4Ts took place in the following locations: Sacramento, Bay Area, Redding, Fresno and Los Angeles. This training is designed for County Social Workers and Probation Officers. Counties are currently working on training their case carrying workers who will be using the LOC Rate Protocol to determine the level of care rate. The Statewide implementation date for the LOC Rate Protocol is delayed to February 1, 2018 to allow for training of sufficient staff.

The LOC Rate Protocol Overview Webinar is available on the [Continuum of Care Reform website](#). For more information or questions, please contact [CCR@dss.ca.gov](mailto:CCR@dss.ca.gov).

---

## Integrated Services Unit update

In partnership with the Resource Center for Family-Focused Practice at University of California, Davis (UC Davis), CDSS is delivering Child and Family Team (CFT) T4Ts and skills-based trainings to counties upon request. These trainings are intended to reach juvenile probation, child welfare, behavioral health, education, and other community partners and will be scheduled throughout 2017. For more information, please contact Monica Caprio at the Resource Center at [macaprio@ucdavis.edu](mailto:macaprio@ucdavis.edu). Additional courses for jurisdictions and agencies in need of more advanced or specialized training is also available by contacting the Resource Center.

In addition, CDSS is leading a CFT Project Team with the Resource Center that includes various training entities and experts to create a standardized CFT curriculum. The intent is to create a curriculum consistent with the requirements of ACL 16-84 that can be adapted and used by training entities, as well as county child welfare, probation, and behavioral health agencies. Concurrently, this Project Team is also working diligently to begin to review CFT curriculum, provide support, and ultimately ensure that CFT trainings throughout the state are adhering to fidelity of the CFT model. Submissions will require at least a 30-day review period and a team will follow-up with each entity to discuss findings and plans for resubmission, if appropriate. For more information, please contact Lupe Grimaldi at [Lupe.Grimaldi@dss.ca.gov](mailto:Lupe.Grimaldi@dss.ca.gov).

## CCR COMMUNICATION TOOLS

### CCR OVERVIEW:

CDSS has developed a webinar that is pre-recorded and available on the California Social Work Education Center (CalSWEC) website. The webinar provides an overview of CCR and the provisions of AB 403, and the framework for implementation.  
<http://calswec.berkeley.edu/toolkits/continuum-care-reform-ccr/abcs-ccr>

### CDSS INTERNET WEBPAGE:

This web-page provides a variety of information including the CCR Fact Sheets, links to Assembly Bill 403, and calendar of meetings and presentations.  
<http://www.cdss.ca.gov/inforesources/Continuum-of-Care-Reform>

### CCR TOOLKIT:

The toolkit is designed to help navigate various components of the CCR initiative and is available on the CalSWEC website.  
<http://calswec.berkeley.edu/toolkits/continuum-care-reform-ccr>

### CCR EMAIL BOX:

This e-mail portal is available for stakeholders to ask questions, request information and to be connected with CCR workgroups at [ccr@dss.ca.gov](mailto:ccr@dss.ca.gov).

### CHILDREN & FAMILY SERVICES INTEGRATED PRACTICE TECHNICAL ASSISTANCE CALLS:

The CDSS and the DHCS host a monthly call that provides open and timely communication between state teams and county staff in providing updates and discussion surrounding CCR planning and implementation, continued implementation of Pathways to Well-Being (Core Practice Model, Intensive Care Coordination, and Intensive Home Based Services), and planning and implementation of Therapeutic Foster Care services. A monthly bulletin of the Integrated Practice Technical Assistance Calls, including discussion points, Q&A, and resources to support counties and their partners, is sent out to county and partner staff each month.  
Email [KatieA@dhcs.ca.gov](mailto:KatieA@dhcs.ca.gov) to subscribe to the TA Call list for alerts, materials, and bulletins.

## CCR Updates Continued

The STRTP program statements continue to be received for review. Weekly meetings are being held to discuss STRTP program reviews, to solicit feedback, and to provide technical assistance to providers. To date, nine providers are licensed as a STRTP (please see the CCR STRTP website for a list). All FFA/RFA program statement review process questions or comments can be directed to [maiye.vang@dss.ca.gov](mailto:maiye.vang@dss.ca.gov) and any STRTP/RFA licensing questions, to CCL Policy Development Manager [Marisa.Sanchez@dss.ca.gov](mailto:Marisa.Sanchez@dss.ca.gov).

### CCR Education Workgroup

The CCR Education Workgroup is a sub-workgroup of the CCR State/County Implementation Team. This workgroup has produced multiple deliverables and is currently open for advocates and providers in addition to stakeholders and state agencies. The next meeting will be held on Tuesday, November 7, 2017. The agenda will include an update on the deliverables and discussion on educational issues pertaining to the Short Term Residential Therapeutic Program (ST RTP). For more information, contact [Ahmed.Nemr@dss.ca.gov](mailto:Ahmed.Nemr@dss.ca.gov). Previous meeting agendas and notes are available on the [Continuum of Care Reform \(CCR\)](#) website.

### Therapeutic Foster Care (TFC) Committee Meetings

The TFC Implementation Committee continues to meet to discuss the TFC service model and TFC parent qualifications. The next meetings will be held:

- December 7, NOTE: Time has been changed to 2-4 pm

Contact [kbitz@cibhs.org](mailto:kbitz@cibhs.org) for additional information.